

18. (Twice Amended) In a method of treating infertility disorders by administering an LH-RH Antagonist and inducing follicle growth by administration of exogenous gonadotropin, the improvement being administering an amount of LH-RH Antagonist sufficient to suppress only endogenous LH, while FSH secretion is maintained at a natural level and individual estrogen development is not affected, wherein suppression of endogenous LH activity is followed by maintenance of follicle development by endogenous gonadotropins without external stimulation.

19. (Twice Amended) The method according to claim 18, wherein inhibition of action of natural LH is caused by Cetrorelix.

21. (Twice Amended) A method of controlled ovarian stimulation comprising administering Cetrorelix in either a single or dual dose of 1 to 10 mg, or in a multiple dosage regimen of 0.1 to 0.5 mg per day starting at cycle day 1 to 10 and inducing ovulation between day 9 to 20 of the menstruation cycle.

32. (Amended) The method according to claim 15 wherein recombinant LH, native LHRH or LHRH agonist is administered to avoid hyperstimulation syndrome.